## KENTUCKY INDIVIDUAL INCOME TAX RETURN

42A740-S

**Full-Year Residents Only** 

	Revenue Cabin	eι		Your Social Security Number					
			Name-Last, First, Middle Initial (Joint or combined return, give both names and initials.)						
	Use Kentucky label if correct. Otherwise print or type.	>				1	1		
				B.					
		LA	Mailing Address (Number and Street Including Apartment Number or P.O. Box)		Spouse'	s Social Sec	curity Number		
		B E		_		1	1		
		[[		Α.					
		>	City, Town or Post Office State ZIP Code		POLITI	CAL PAR	TY FUND		
				De	esignating \$2	will not d	hange you	ır refu	nd
			_	or tax due.					
	FILING		□ Single			A. Sr	ouse E	3.Your	self
	STATUS	2	☐ <i>Married</i> , filing separately on this combined return. (If both had income.)	_	emocratic		) 🗆	(4) [	7
_	(see instructions)	3	☐ <i>Married</i> , filing joint return.	_	epublican	,	) <b>-</b>	(5)	_
ı		4	☐ <i>Married</i> , filing separate returns. Enter spouse's Social Security	1	epublican lo Designatio	•	)	(6)	_
le to Top Page Only			number above and full name here.			1 (3	, ப	(0) L	
	CREDITS				oth if blind				
		5	(a) Credits for yourself:		] 🗆	Enter	number of		
		L .	(b) Credits for spouse:	□	<u> </u>	boxe	s checked	5	
		6	List first names of your dependent children who lived with you.						
			(a) (b) (c) (	d)			ren listed	6	
		7	List name and relationship of other dependents.				number of dependents	s _	
			Add			listed		7	
		8	Add total number of credits claimed on lines 5, 6 and 7		0 (11			s 8 urself	
itap			Each taxpayer must claim his or her own credit(s) from line 5.  Credits from lines 6 and 7 may be divided.		A. Spouse (Us	checked.)		Joint)	
ĵ		١	Enter the number of credits claimed for Column A and/or B						
and Tax Statements and Payment Here—Staple to Top Page Only		-	Enter federal Adjusted Gross Income from Form 1040, line 32; 1040A, line						
	INCOME	10	or 1040EZ, line 4. This is your <b>Kentucky Adjusted Gross Income</b>						
		11	Standard deduction		90	0 00		900	00
			Subtract line 11 from line 10. This is your <b>Taxable Income</b>					000	
	TAX		Enter tax from Tax Table or Tax Computation for amount(s) on line 12						
			Add tax amount(s) in Columns A and B, line 13			14			
		15							
em	See instruc- tions for a detailed description	16	Subtract line 15 from line 14. This is your Income Tax Liability			16			
itat		17	Enter KENTUCKY USE TAX from worksheet in the instructions			<b>&gt;</b> 17			
Wage		18	Add lines 16 and 17. This is your <b>Total Tax Liability</b>			18			
		19	Enter Kentucky Income Tax withheld as shown on attached 1997 wage an	d tax st	tatements	19			
		20	If line 19 is larger than line 18, enter AMOUNT OVERPAID (see instruc	tions)		20			
		21	a Nature and Wildlife Fund Contribution		er amount(s) o	checked)			
			□ \$2 □ \$5 □ \$10 □ Other				_		
			b Child Victim's Trust Fund Contribution ☐ \$2 ☐ \$4 ☐ Other	_					
			c Bluegrass State Games and U.S. Olympic Committee Fund Contribution				_		
			d Veterans' Program Trust Fund Contribution						
		22	Add lines 21a, 21b, 21c and 21d			22			
			Color of the color of the color of the period to the color of the colo			00			
	_	23	Subtract line 22 from line 20. Amount to be <b>REFUNDED TO YOU</b>			23			
		24	If line 18 is larger than line 19, enter ADDITIONAL TAX DUE			24			
			(a) 2210-K penalty (c) Late payment pena						
	TAX PAYMENT	25	☐ Check if Form 2210-K attached (d) Late filing penalty						
			(b) Interest (e) Add lines 25a thro						
		26	Add lines 24 and 25e. Enter here. This is the <b>AMOUNT YOU OWE</b> . Make c	_					
			State Treasurer. Write your Social Security number and "KY Income Tax—199		-	-			
	I, the undersigned, declare under penalties of perjury that I have examined this return, including any accompanying statements, and to the best of my knowled								
	belief, it is true, correct and complete. I also understand and agree that our election to file a combined return under the provisions of Regulation 103 KAR 17:020 will in refunds being made payable to us jointly and in each of us being jointly and severally liable for all taxes accruing under this return.								
	_	ıy III		acciuill	_	uill.			
	Your Signature (I	f joir	It or combined return, both must sign)  Spouse's Signature		Teleph	none Numb	er (daytime)	Date	Signed
		,					, . , ,		- 3
	Toward an animeral	nom	e of preparer other than taypayer Social Security or Firm LD. Number of preparer		Date				

Official Use Only P B N F R